0903

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**DECLARATION FOR UTILITY OR** 

**Attorney Docket Number** 

First Named Inventor

DESIGN	Jeff Ciarlo								
PATENT APPLICATION	COMPLETE IF KNOWN								
(37 CFR 1.63)	Application Number								
Declaration Declaration	Filing Date								
Submitted OR Submitted after Initial With Initial Filing (surcharge	Art Unit								
Filing (37 ČFR 1.16 (e)) required)	Examiner Name								
I hereby declare that:									
Each inventor's residence, mailing address, and citizenship are as stated below next to their name.									
I believe the inventor(s) named below to be the original and fin	st inventor(s) of the subject matter which is claimed and for								
which a patent is sought on the invention entitled:									
POST PR	DIECTOR								
(Title of th	e Invention)								
the specification of which									
is attached hereto									
OR									
was filed on (MM/DD/YYYY)  as United States Application Number or PCT International									
as Officed States Application Number of PC1 International									
Application Number and was amended on (MM/DD/YYYY) (if applicable).									
I hereby state that I have reviewed and understand the conten	ts of the above identified specification, including the claims, as								
amended by any amendment specifically referred to above.									
	terial to patentability as defined in 37 CFR 1.56, including for								
continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.									
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent,									
inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign									
application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.									
Prior Foreign Application Foreign Fili	ng Date Priority Certified Copy Attached?								
Number(s) Country (MM/DD/)									
None									
<b>—</b>	plemental priority data sheet PTO/SB/02B attached hereto.								

[Page 1 of 2]

This collection of information is required by 37 CFR 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/01 (05-03)
Approved for use through 04/30/2003. OMB 0651-0032
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## **DECLARATION** — Utility or Design Patent Application

Direct all correspondence to:		r Number ode Label				OR (	x	Corresp	pondence address below
Name Evan D. Roberts									
Address	- <del></del>								
P.O. Box 369									
City				State					ZIP
Peotone				I	L				60468-0369
Country		Telephon	ne			Fax			<u> </u>
USA		708-2	258 <b>–</b> 631	.8	8 708-258-6019				
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.									
NAME OF SOLE OR FIRST IN	VENTOR:			etition h	nas he	en filed	for this	s unsiar	ned inventor
Given Name			<u> </u>		F	amily N	lame		
(first and middle [if any])	Teff Ciarlo	0			0	or Surna	me		
Inventor's			<del></del>		—				Date
Signature									10-01-03
Residence: City	State		<del></del> 1	Count	trv		<del></del>	Citizer	<u> </u>
	IL			ł	SA			US	p
Carete III			L	USA US					
350 Hubbard Lar	ıe								
City	State			$\neg$	ZIP			T	Country
Crete	IL				60	417			USA
NAME OF SECOND INVENTOR:  A petition has been filed for this unsigned inventor									
Given Name (first and middle [if any])  Family Name or Surname									
Inventor's Signature									Date
Residence: City	State	<u> </u>		Coun	itry			Citize	nship
Mailing Address									
City	State			$\overline{}$	ZIP			Count	try
				_					
Additional inventors or a legal re	presentative are bei	ing named or	n thes	uppleme	ntal she	et(s) PTO	)/SB/02A	or 02LR	attached hereto.

PTO/SB/02LR (05-03) Approved for use through xx/xx/xxxx. OMB 0651-0032

**LEGAL REPRESENTATIVES (35 U.S.C. 117)** 

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DECLARATION			Supplemental Sh et Page 1 of 1				
Name of Legal Representative:  A petition has been filed for this non-signing legal representative							
Given Name (first and middle (if any))	Family Nan	ne or	Sumame				
Evan D. Roberts							
Legal Representative's Evaluable Signature	besta	erta Date 10/6/03					
Residence: City Peotone	State	: IL	IL Country USA			Citizenship US	
Mailing Address P.O. Box 369							
Mailing Address							
city Peotone		State IL		Zip 60468	Country	USA	
Name of Additional Legal Representative, if	any:	A petition	n has	been filed for this no	n-signing lega	al representative	
Given Name (first and middle (if any))		Family Name or Surname					
Legal Representative's Signature							
Residence: City	te	Country Citiz			Citizenship		
Mailing Address							
Mailing Address						• ·· <del>-</del>	
City	te	Zip			Country		
Name of Additional Legal Representative, if any:							
Given Name (first and middle (if any))	Family Name or Sumame						
Legal Representative's Signature	Date	Date					
Residence: City	te	e Country Citizenship			Citizenship		
Mailing Address							
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This collection of information is required by 35 U.S.C. 117 and 37 CFR 1.42, 1.43, 1.63 and 1.64(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/S8/81 (05-03)
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P	OW	ER	OF	AT	TOF	RNE	Y O	R
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Application Number		
Filing Date		
First Named Inventor	Jeff Ciarlo	
Title	POST PROTECTOR	
Art Unit		
Examiner Name		
Attorney Docket Number		

I hereby appoint:								
Practitioners at Custome	r Number	-		Place Customer Number Bar Code Label here				
OR				Laber nere				
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Country	USA							
Telephone	708-258-6318 Fax 708-258-6019							
I am the:  X Applicant/Inventor.								
Assignee of record of	the entire interest. See 37 CFR 3.71.							
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).								
SIGNATURE of Applicant or Assignee of Record								
Name Jeff Clar	10							
Signature								
Date 10-9-03 Telephone								
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.								
x Total of	X *Total of 1 forms are submitted.							

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